



# NEVADA CERTIFICATE OF INSURANCE, "AERIAL APPLICATION"

## Proof of Public Liability, Property Damage and Drift Coverage

Policy No. \_\_\_\_\_  
(herein called Company)

This is to certify to \_\_\_\_\_  
Underwriter Company

of \_\_\_\_\_ has issued to  
Home address of Company

\_\_\_\_\_ dba \_\_\_\_\_  
Name of insured Doing business as

the policy of insurance for Public Liability and Property Damage which covers each occurrence of damage to persons or to property, including that being treated, from chemicals, chemical drift and equipment used in the operations of the business.

Coverage provided by said policy is for \$ \_\_\_\_\_ each occurrence bodily injury,  
\$100,000 minimum

\$ \_\_\_\_\_ aggregate bodily injury, \$ \_\_\_\_\_ each occurrence property damage,  
\$300,000 minimum \$100,000 minimum

\$ \_\_\_\_\_ aggregate property damage, with deductible in the amount of \$ \_\_\_\_\_  
\$100,000 minimum

This policy covers any pilot holding (1) a valid commercial license and having (2) \_\_\_\_\_ hours logged flying time of which not less than \_\_\_\_\_ hours logged are in Agricultural Aircraft.

This policy covers any pilot employed by the insured. ☐ Yes ☐ No

This Policy covers only those pilots listed below. ☐ Yes ☐ No

Names of pilots(s):

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Aircraft make	"N" No.	*Type of coverage	Aircraft make	"N" No.	*Type of coverage

\*X.C.-- Excludes chemical claims entirely.

\*R.C.-- Means coverage for chemicals and liquid defoliant or liquid plant desiccant chemical damage claims but excludes coverage for all forms of 2,4-D, 2,4,5-T, MCPA, hormone type herbicides and arsenical compounds.

List other exceptions: \_\_\_\_\_

\*C.C.-- Means coverage from all chemical claims for damage except for (e.g. Arsenicals, Tordon): \_\_\_\_\_

It is agreed that the Company will file with the Department of Agriculture within ten (10) days, copies of any and all endorsements extending, restricting, canceling, or changing the aforementioned coverage and any claims paid against this policy.

Whenever requested by the Department of Agriculture the Company agrees to furnish to the Department of Agriculture a copy of said policy and all endorsements thereon.

This Certificate is effective from: \_\_\_\_\_, 20\_\_\_\_ (12:01 A.M. Standard Time).

to \_\_\_\_\_, 20\_\_\_\_ (12:01 A.M. Standard Time).

I certify that I am a representative for \_\_\_\_\_ insurance company,

located in the State of \_\_\_\_\_ and that I have binding authority to effectuate the indicated coverage in Nevada.

By \_\_\_\_\_  
Signature Date Name and title (print or type)

\_\_\_\_\_  
Company Mailing address

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Telephone FAX No. City State ZIP Code

MAIL ORIGINAL COPY TO: Nevada Department of Agriculture 350 Capitol Hill Avenue, Reno, NV., 89502.  
Phone, 775-688-1182 ext. 252 OR 253. FAX 775-688-2936

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